


STATEMENT OF A WITNESS TO AN ACCIDENT

NAME OF WITNESS : MOONCHLA OH
NRIC/FIN/PASSPORT NO: S7608296J
ADDRESS : BHL 136 VESTERN ROAD (6A7) SF 11
#06-121 S 760136
CONTACT NUMBER : 98446425
EMAIL ADDRESS : _____

BRIEF FACTS: A motor accident has taken place on _____ at about _____
along/location of _____ between
vehicle _____ and vehicle _____. I am an eye-witness/passenger in the taxi
and I wish to recount its happening as follows

I take this cab SMC 5666K this morning. We been going
straight, the behind car bang to the cab.

I affirmed the above statement true and correct.

MOONCHLA OH S7608296J 

Date: 20/02/2019

Name:

NRIC/FIN: